ARIZONA DEPARTMENT OF PUBLIC SAFETY

SECURITY GUARD TRAINING VERIFICATION

SIGNATURE OF AGENCY INSTRUCTOR OR AUTHORIZED SIGNER



SECURITY GUARD NAME				STATE LICENSE NUMBER		
STREET ADDRESS ((INCLUDE APARTMENT NO.)	CITY	STATE	ZIP CODE	DATE OF BIRTH	
	A.R.S. §32-2632, the ab	ove named security	guard has con	npleted the m	inimum 8-hour training	
program conducted by: AGENCY NAME			AGE	AGENCY LICENSE NO.		
X						
SIGNATURE OF AGENCY INSTRUCTOR OR AUTHORIZED SIGNER				DATE TRAINING COMPLETED		
					DPS 802-06790 Rev. 10/2	
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THE PROPERTY OF THE PROPERTY O	ARIZONA DEPARTMENT	T OF PUBLIC SAFETY	D.P.S.		Department of Public Safety	
W TOTAL STREET	ARIZONA DEPARTMENT SECURITY GUA TRAINING VERI	RD	D.P.S. LICENSIN MAILING ADDRESS	Mail Drop P. O. Box	No. 1160	
	SECURITY GUA	RD FICATION	LICENSIN MAILING ADDRESS	Mail Drop P. O. Box Phoenix,	No. 1160 6328 AZ 85005-6328	
guard registra	SECURITY GUA TRAINING VERI	RD FICATION	LICENSIN MAILING ADDRESS	Mail Drop P. O. Box Phoenix,	No. 1160 6328 AZ 85005-6328 o the applicant's securi	
guard registra	SECURITY GUA TRAINING VERI	RD FICATION	LICENSIN MAILING ADDRESS	Mail Drop P. O. Box Phoenix,	No. 1160 6328 AZ 85005-6328 o the applicant's securi	
guard registral SECURITY GUARD N STREET ADDRESS (SECURITY GUA TRAINING VERII est be completed by a liction application. NAME (INCLUDE APARTMENT NO.)	RD FICATION censed security gua	rd agency and	Mail Drop P. O. Box Phoenix, d attached to STATE LICENSE ZIP CODE	No. 1160 6328 AZ 85005-6328 The applicant's securion of the applicant o	

DATE TRAINING COMPLETED